POS!TION

INCHALS

ID NO.

DATE

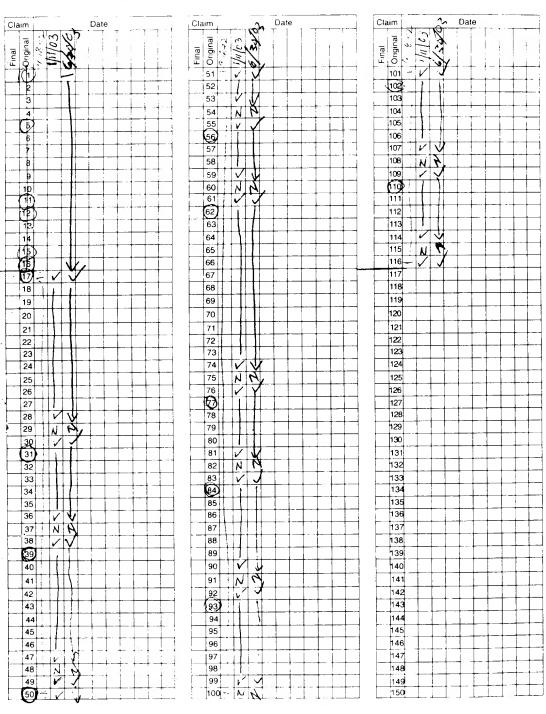
FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

:TT

1112 \_\_1/30/02

## **INDEX OF CLAIMS**

V	Rejected	N Non-ε	elected
	Allowed	I Interf	erence
_	(Through numeral) Canceled	A Appea	al
	Restricted	O Objec	ted



If more than 150 claims or 10 actions staple additional sheet here